AMENDMENT	Total	(COLUMN 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		
	GI CHR I.ISICII		Minus	ייייייייייייייייייייייייייייייייייייייי			
	(37 CFR 1.16(b))	•.	Minus .		-		
र	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						

RATE	ADDI-	1		T
	TIONAL - FEE		RATE	ADDI- TIONAL FEE
x:25 -		OR	x 150 =	1-15
x : 100 =		OR	x 1 Z00	
+3/BO3		OR	+360	
ADD1 FEE		OR	TOTAL ADD'L FEE	

If the entry in column 1 is less than the entry in column 2; write '0' in column 3.

If the *Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.

The *Highest Number Previously Paid For' BY THIS SPACE is less than 3, enter '3'.

The *Highest Number Previously Paid For' BY THIS SPACE is less than 3, enter '3'.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the family call 1-800-PTO-9199 and select option 2